



**APPLICATION FOR DETECTION OF
DECEPTION EXAMINER'S LICENSE**
OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 11416 (10-2001)

RETURN TO: Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329

The undersigned applicant hereby makes the following statements under oath, before a notary public:

1. Name of Applicant:				
List all other names you have used including nicknames; if female, furnish maiden name. If you have ever used any surnames other than your true name, during what period and under what circumstances were those names used? If you have ever legally changed your name, give date, place, and court.				
2. Business Address: (Street Address)	City:	State:	Zip Code:	Telephone Number:
3. Mailing Address:	City:	State:	Zip Code:	Telephone Number:
4. Date of Birth:				
5. Are you a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Have you ever been Charged with a Felony or Misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Please Explain by Attachment:				
7. List Chronologically all Addresses for Past 10 Years, Include Street Addresses, City, State, and Dates (Month and Year) of Residence at Each Address:				
STREET ADDRESS	CITY	STATE	ZIP CODE	DATES
8. Give Name or Names of Immediate Supervisors:				
9. List Business Name You will Use in North Dakota:				
List Place of Business, in North Dakota, Where your License will be Displayed:				
10. Has a Civil Action ever been Brought Against you Pertaining to a Polygraph Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If YES, Explain:				

11. MILITARY SERVICE

Branch:	Dates:
Type of Discharge:	

12. PROFESSIONAL HISTORY

What is your principal occupation?

(OVER)

What was the date and place that you first entered the field of detection of deception examination?						
Place:					Date:	
Describe completely, including dates, your formal detection of deception examiner training (name of training facility and instructor(s), certificate of completion awarded, whether of training or graduate):						
List dates, type of membership, name and addresses of all polygraph organizations you have been a member of as a polygraph trainee or examiner:						
DATES	TYPE OF MEMBERSHIP	NAME	HOME ADDRESS	CITY	STATE	ZIP CODE

13. EDUCATIONAL BACKGROUND

Did you receive a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of School:		Street Address:		City:	State: Zip Code:
Have you attended a college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, please enter the name of the institution and its address, as well as the years you attended and degrees obtained:					
Years Attended:	Degrees Obtained:	Name of School:	Street Address:	City:	State: Zip Code:

14. PRIOR EXPERIENCE

Please describe any previous employment you have had involving the use of polygraph testing, including names of employers, dates of employment, and hours of experience you had in actual use of the polygraph/:		
NAME OF EMPLOYER	DATES OF EMPLOYMENT	HOURS OF EXPERIENCE

List a breakdown of number of criminal, preemployment, and commercial tests given:

Criminal:	Preemployment	Commercial:	Total Number of Subjects Tested:
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NAME	HOME ADDRESS	CITY	STATE	ZIP CODE
A.				
B.				
C.				

Name:	Street Address:	City:	State:	Zip Code:
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APPLICANTS FOR INTERNSHIP LICENSE ONLY

Street Address:	City:	State:	Zip Code:
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(OVER)

CONSENT TO SERVICE

I hereby file with the Attorney General my irrevocable consent in accordance with Section 43-31-06 of the North Dakota Century Code that actions against this applicant may be filed in any appropriate court of any county of this state in which the plaintiff may reside or in which some part of the alleged cause of action may arise and that service of process in any action may be served on this applicant by leaving two copies thereof with the Attorney General. I understand that if such process is served upon this applicant by leaving two copies of such process with the Attorney General, he shall send by registered or certified mail one copy of the process to my business address shown on my application for a polygraph examiner's license and I hereby agree and stipulate that such service of process shall be taken and held to be valid and binding for all purposes.

State of _____)

County of _____)

Signature:

Subscribed and sworn to before me this _____ day of _____, 20 ____

(Seal)

Notary Public:

My commission expires on: